

# Inspection Report

28 May 2024



## Ben Madigan Care Home

Type of service: Nursing Home  
Address: 36 Mill Road, Newtownabbey, BT36 7BH  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Healthcare Ireland (Belfast) Limited  <b>Responsible Individual:</b> Ms Amanda Mitchell	<b>Registered Manager:</b> Mrs Angela Cerasela Stefanoiu  <b>Date registered:</b> 16 March 2022
<b>Person in charge at the time of inspection:</b> Mrs Angela Cerasela Stefanoiu - registered manager	<b>Number of registered places:</b> 70  A maximum of 37 patients within category of care NH-DE and located within the Dementia Unit.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 65
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 70 patients. The home is divided into three units over two floors. The home provides care for patients with dementia and general nursing care. Patients have access to communal bathrooms, lounges and dining rooms.	

## 2.0 Inspection summary

An unannounced inspection took place on 28 May 2024, from 9.30 am to 5.40pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified and are included in the main body of this report and in the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Angela Cerasela Stefanoiu at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients, relatives and staff were spoken with individually and in small groups about their experiences of living, visiting and working in the home.

Patients were complimentary about the care they received from staff on a daily basis, had no concerns about staffing levels and said their rooms were clean and tidy. Comments included: "I love my room" and "staff are looking after me well".

Visitors said they were kept up to date about any changes to their relatives' care or condition and commented that "staff are lovely". Visitors also said their relatives were always tidy and well presented in their appearance.

There were no responses received from the online survey and the patient and relative questionnaires.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 5.0 The inspection

Areas for improvement from the last inspection on 7 November 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall review the management of medicines for patients who require their medicines to be crushed to aid administration to ensure that: <ul style="list-style-type: none"> <li>there is a risk assessment in place</li> <li>there is a care plan in place to direct staff</li> <li>a pharmacist is consulted to check if it is appropriate to crush each formulation prescribed.</li> </ul>	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (8) (a)  <b>Stated:</b> First time	The registered person shall make suitable arrangements to ensure that the nursing home is conducted in a manner which respects the well-being and dignity of patients.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been partially met and is discussed further in section 5.2.2. This area for improvement has been stated for a second time.	

<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified in relation to the storage of PPE and the use of appropriate gloves are addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence showed that this area for improvement was met.	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered person shall ensure the staff duty rota includes the hours worked by the manager and identifies the person in charge in the absence of the manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence showed that this area for improvement was met.	

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to record staff training to support them to do their job. Review of the training records identified that while good compliance was noted in most mandatory training a number of staff were not up to date. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels but felt that communication with senior staff regarding skin care could be improved. This was discussed with the manager for her action.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Staff were observed to be prompt in recognising patients' needs, including those patients who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records did not all accurately reflect the patients' needs; repositioning records showed gaps in the prescribed repositioning needs for patients and pressure relieving mattresses were not all at the correct setting. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, mobility aids and staff supervision.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was friendly and well organised. Patients were complimentary about their meal and their dining experience. Staff had made an effort to ensure patients were comfortable and had a meal that they enjoyed.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were reviewed and updated, however the review did not take place regularly and did not provide a detailed, patient focused update. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home's environment was generally clean, tidy and welcoming. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. An up to date fire risk assessment had been completed and actions followed up.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff identified infection prevention and control (IPC) issues which required to be addressed including but not limited to: adherence to the bare below the elbow best practice guidance and clean linen was stored on the floor. An area for improvement was identified.

Snack trolleys were noted to have been left unattended with access to drinks and thickening powders and an electrical plant room was unlocked. This was brought to the attention of staff for immediate action and an area for improvement was identified.

A number of patient communal rooms were being used for staff breaks, staff personal property and storage of equipment. An area for improvement was identified

An open box of medication was accessible in an unlocked nurses station. This was brought to the attention staff for action and an area for improvement was identified.



#### 5.2.4 Quality of Life for Patients

Patients confirmed that they had a choice in how they spent their day. Patients were observed spending time in communal areas of the home or in their own bedrooms resting, reading or watching TV.

Records showed that patients participated in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Review of the activity records showed that activities needed to be more meaningful and required to be provided and recorded on a regular basis. This area for improvement has been stated for a second time.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Angela Cerasela Stefanioiu has been the Registered Manager in this home since 16 March 2022.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients, however these did not detect the areas for improvement identified during the inspection. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was a system in place to manage complaints. Review of the record of complaints confirmed that these were well managed.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.



The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	6

\* the total number of areas for improvement includes one regulation that has been stated for a second time and one regulation which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (21 September 2024)	The registered person shall review the management of medicines for patients who require their medicines to be crushed to aid administration to ensure that: <ul style="list-style-type: none"> <li>there is a risk assessment in place</li> <li>there is a care plan in place to direct staff</li> <li>a pharmacist is consulted to check if it is appropriate to crush each formulation prescribed.</li> </ul> Ref: 5.1 and 5.2.3
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (8) (a)  <b>Stated:</b> Second time	The registered person shall make suitable arrangements to ensure that the nursing home is conducted in a manner which respects the well-being and dignity of patients.  Ref: 5.1 and 5.2.4

<p><b>To be completed by:</b> Immediate and ongoing (28 May 2024)</p>	<p><b>Response by registered person detailing the actions taken:</b> Monthly activity planners are displayed in communal areas in all units within the home. Planners will include a variety of activities which have been developed to support residents preferred choices. A Meeting was held with the Activity Team and activity provision was discussed along with planning their daily schedule to facilitate time within the day to record documentation in relation to activities for each resident. HCI Support Manager met with the Activity team to discuss the recording of all activities on the Oomph platform. A followup visit is planned to review progress and provide further advice and support if required. The Registered Manager will monitor the documentation completed to ensure it accurately reflects the resident's participation in planned activities. Compliance will also be monitored as part of the Regulation 29 monitoring visit.</p>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the IPC issues identified during the inspection and feedback to the management team are addressed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Following the inspection immediate action was taken to address the deficits identified during the inspection. All staff have been issued with a memo which focuses on the issues highlighted in relation to bare below the elbow best practise. This was also discussed during team meetings held to provide inspection feedback. A copy of the notes from these meetings has been shared with all staff. A meeting was held with the Housekeeping team to provide post inspection feedback in relation to the correct storage of linen in line with IPC guidance. Monitoring of IPC will continue daily during the Registered Managers walk round and by the Regional Manager when completing the Regulation 29 monitoring visit. Any deficits identified will be addressed with staff at this time.</p>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that all parts of the home to which patients have access to are free from hazards to their safety.</p> <p>Ref: 5.2.3</p>

<b>To be completed by:</b> With immediate effect	<b>Response by registered person detailing the actions taken:</b> Supervision of snack trolleys was discussed during team meetings and staff reminded that these are to be supervised at all times. Securing of areas with restricted access for the residents was discussed during staff meetings and notices now in place on identified doors to remind staff that these must be locked at all times. Compliance will be monitored by the Registered Manager during the daily walk round and by the Regional Manager when completing the Regulation 29 monitoring visit.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2024	<p>The registered person shall ensure that staff are trained for their roles and responsibilities.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>          Current compliance with all essential mandatory training for all grades of staff is 98.8%. The Registered Manager monitors compliance with training weekly and staff due updates are reminded via email and a date for completion by is given. Training compliance is reviewed by the Regional Manager during monthly visits.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning, the care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning and pressure relieving devices are at the correct setting for patients' weight.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>          The care records for those residents assessed as requiring repositioning have been reviewed. Care plans now accurately reflect the frequency of repositioning and details of the pressure relieving devices in place including the setting of these correctly for the residents weight.          Immediately following the inspection all pressure relieving devices were reviewed by the Registered Nurses on duty and it was confirmed that settings were correct for the residents current weight.          All pressure relieving devices now have a label in place with the residents current weight, this will ensure staff can confirm the setting is correct.</p>

	<p>Management of residents requiring pressure relief was discussed at team meetings held following inspection, this included contemporaneously recording all pressure relief provided as detailed in the care plans.</p> <p>Mattress setting records are spot checked by the Registered Manager during the daily walk round and any deficits identified are immediately addressed with staff.</p> <p>Compliance will also be monitored by the Regional Manager during the monthly Regional 29 visit.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 June 2024</p>	<p>The registered person shall ensure that care records are patient centred and personalised.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Completion of person centred care records was discussed at the Registered Nurse meeting held following inspection. In addition to this an individual supervision was completed with each Registered Nurse focusing on the completion of daily progress notes and care plan evaluations to ensure these relevant, detailed and person centred.</p> <p>Care plan audits are completed as part of HCI Governance Framework, an action plan is generated and shared with Registered Nurses to address within the set timeframe. Action plans are reviewed once completed and signed off by the Registered Manager.</p> <p>Care records are spot checked by the Regional Manager during the Regulation 29 visit.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2024</p>	<p>The registered person shall ensure that the nursing home, including all spaces, is only used for the purpose for which it is registered.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Following the inspection immediate action was taken to address the deficits identified on the day of inspection. Staff have been reminded that all personal belongings should be appropriately stored in designated staff areas.</p> <p>Compliance will be monitored by the Registered Manager during daily walk round.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect.</p>	<p>The registered person shall ensure that all medications are stored safely and securely.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Safe storage of medications was discussed during a Registered Nurses meeting held following the inspection. Compliance will be monitored by the Registered Manager during the daily walk round and by the Regional Manager when completing the Regulation 29 monitoring visit.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect. 31 May 2024</p>	<p>The registered person shall ensure that this is a robust system of auditing in place to ensure the safe and effective delivery of care.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> HCI updated Governance Framework has been issued to the Registered Manager. This framework will support the Registered Manager and care home team to review the outcome of care delivered against the regulations, standards and operating policies. Following audits completed the Registered Manager will develop action plans to make identified improvements. The Registered Manager or Deputy Manager will quality assure all audits and review and sign off all action plans once completed. All audits completed within the care home are uploaded onto a shared drive which enables oversight and review by the senior management team. Audits are also reviewed by the Regional Manager during the monthly Regulation 29 monitoring visits.</p>

***\*Please ensure this document is completed in full and returned via Web Portal***



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